### PSORIASIS TREATED WITH OIL OF COPAIBA.

Dr. J. Abbott Cantrell reports two cases which demonstrate the good results which may be obtained by the use of this remedy. The amount used was five minims in capsules three times daily. In addition good nourishing diet and free access to open-air exercise were prescribed. In both instances the disease was of long standing, and had been shown to be rebellious to several methods of treatment.—*Therapeutic Gazette*, 1895, No. 6, p. 368.

### THE FIRST AID IN POISONING.

Dr. L. Lewin notes that there must be considered: (1) that the poison shall be rapidly and completely removed from the body; (2) that it, so far as may be, shall be so chemically changed that it temporarily or permanently loses its harmful properties; (3) that the functions of single organs or of the entire body disturbed by it shall be restored by proper remedies. To remove the poison from the body the stomach-tube offers the fewest objections and possesses many advantages, and with a bulb-attachment (such as is found in this country on the Davison syringe) thorough washing out of the stomach can be carried out. The water which is used may be impregnated with various substances according to the poison ingested; *e. g.*, copper sulphate for phosphorus, magnesium sulphate for carbolic acid, lime-water for oxalic acid, zinc sulphate for lead acetate, diluted lead-solution for chromic acid. Marked pain may be relieved by solution of cocaine (0.05 to 0.10 in 1000 of water). If the tube cannot be passed because of swelling of the parts, emetics are necessary. Oily or fatty remedies or large quantities of fluids (warm water) should not be employed lest the solubility of the poison be increased. As permissible emetics only three are mentioned: good powdered mustard (two to two and one-half drachms in a glass of water), copper sulphate (fifteen grains), or apomorphine hydrochlorate (one-third of a grain), the last given hypodermatically. For those poisons which are insoluble in the stomach, but soluble in the intestines, Rochelle salt in from 150 to 300 grains dissolved in water is the best antidote. When the poison is circulating in the blood every effort should be made to prevent the destruction of the blood-corpuscles and the subsequent blocking up of the renal tubules. For this purpose the solution of potassium acetate, or, better, potassium and sodium boro-tartrate (tartarus boraxatus), 1 to 20 of water, should be placed in the stomach. To make the poison chemically inactive the neutralization of acids by alkalies, of alkalies by acids, phosphorus by copper sulphate, oxalic acid by lime-water, should be done; but if the poison is circulating in the blood, this chemical reaction is not likely to take place. To combat the symptoms which are usually urgent, as advancing heart-failure, disturbance of respiration, commencing cerebral paralysis, severe cramps, and changes in blood-corpuscles, various methods are of necessity employed. To stimulate the heart the use of the rectum is preferable to subcutaneous medication. Ammonia (30 drops in a glass of water), alcohol (a teaspoonful of brandy in a glass of water with a little mucilage of gum-arabic), oil of camphor (one-half to one teaspoonful in an indifferent oil), and coffee-injections may be employed. When the respiration is interfered with, a stream of cold water projected from a height against the neck of the patient, who is protected from further wetting by a handkerchief about the lower part of the neck, is the quickest and safest restorative. The various methods of artificial respiration, or Laborde's tongue-traction, may be useful. For cerebral paralysis forced walking (ambulatory treatment), mustard with lukewarm water to neck, feet, or stomach, ammonia-water, even vesication, are employed. Of internal remedies, tincture of musk hypodermatically holds the first place. Camphor-solutions, small doses of strong wine or brandy, or coffee-infusions by the rectum are serviceable. For cramps, the anæsthetics, as ether and chloroform, are useful; in strychnine-poisoning the latter is especially so, and should be continued until the poison is completely removed from the body. Chloral, because of its paralyzing effect upon the heart, is particularly to be avoided. The changes in the red blood-corpuscles may be antagonized by venesection and transfusion of double the quantity removed of six-tenths per cent. of sodium-chloride solution, to which one-tenth of one per cent. of soda is added.—*Berliner klinische Wochenschrift*, 1895, No. 24, S. 513.

### POTASSIUM PERMANGANATE.

DR. WILLIAM MOON shows that this drug decomposes morphine sulphate much more rapidly than it does albuminous matter, so that, when ingested, the contents of the stomach will not reduce it so quickly that it becomes useless for antidotal purposes. In case of poisoning by any of the morphine-salts eight or ten grains of this drug should be dissolved in a pint of water and administered at once; this amount should be repeated at intervals of thirty minutes once or twice. If the alkaloid morphine (not its salts) or opium or any of its preparations have been taken, it is advisable to acidulate the antidotal solution with one or two teaspoonfuls of diluted sulphuric acid or white (not red) vinegar, by which the insoluble morphine will be converted into its sulphate or acetate. The amount of antidote to be used depends upon the amount of poison which has been taken, generally one grain more than of the poison. If swallowing is impossible, in order not to increase the existing cerebral congestion by the use of the stomach-tube a hard-rubber catheter can be introduced into the œsophagus by way of the nose. To this can be attached a piece of soft-rubber tubing fitted with a funnel into which the solution can be poured; even after all of the opium or morphine which is in the stomach is supposed to have been rendered inert, a weak solution, one grain to the tumblerful of water, should be administered by the mouth because of the elimination of the poison, which is in the circulation, into the stomach. [*See* AMERICAN JOURNAL OF THE MEDICAL SCIENCES, vol. cix. p. 80.—R. W. W.] The hypodermatic injection of the antidote is also of benefit; although a part of the potassium permanganate is reduced by the subcutaneous tissues, yet enough finds its way into the circulation to select the morphine which is circulating in the albuminous constituents of the blood. As regards other alkaloids and inorganic poisons, several hours' contact with atropine, hyoscyamine, hyoscine, cocaine, aconitine, veratrine, pilocarpine, muscarine, caffeine, and phosphorus produced no oxidizing effect. While no reaction follows the contact of hydrocyanic acid with the drug, the latter immediately decomposes potassium cyanide. It will give up